

# DECLARATION and POWER OF ATTORNEY

OCT 20 2000

ATTORNEY'S DOCKET NO.:  
**PHD 99.107 US**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
**"Multiprocessor system"**

the specification of which (check one)

☐ is attached hereto.

☒ was filed on August 17, 2000 as Application Serial No. 09/640,729 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## PRIOR FOREIGN APPLICATION(S)

COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Germany	19939763.5	21 August 1999	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

## PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Algy Tamoshunas, Reg. No. 27.677  
Jack E. Haken, Reg. No. 26.902

SEND CORRESPONDENCE TO: Corporate Patent Counsel; U.S. Philips Corporation; 580 white Plains Road; Tarrytown, NY 10591	DIRECT TELEPHONE CALLS TO: (name and telephone No.) (914) 332-0222
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<b>Dated:</b> September 07, 2000		<b>Inventor's Signature:</b>	
Full Name of In- ventor	Last Name <b>HERTWIG</b>	First Name <b>Axel</b>	Middle Name
Residence & Citizenship	City <b>Nürnberg</b>	State of Foreign Country <b>Germany</b>	Country of Citizenship <b>Germany</b>
Post Office Address	Street <b>Grolandstrasse 34</b>	City <b>D-90408 Nürnberg</b>	State of Country <b>Germany</b>
			Zip Code
<b>Dated:</b> September 11, 2000		<b>Inventor's Signature:</b>	
Full Name of In- ventor	Last Name <b>BAUER</b>	First Name <b>Harald</b>	Middle Name
Residence & Citizenship	City <b>Nürnberg</b>	State of Foreign Country <b>Germany</b>	Country of Citizenship <b>Germany</b>
Post Office Address	Street <b>Happurger Strasse 10</b>	City <b>D-90482 Nürnberg</b>	State of Country <b>Germany</b>
			Zip Code

Dated: September 13, 2000		Inventor's Signature: <i>Am Jans</i>	
Full Name of in Inventor	Last Name <b>FAWER</b>	First Name <b>Urs</b>	Middle Name
Residence & Citizenship	City <b>Baden</b>	State of Foreign Country <b>Switzerland</b>	Country of Citizenship <b>Switzerland</b>
Post Office Address	Street <b>Bahnhofstrasse 40</b>	City <b>CH-5400 Baden</b>	State of Country <b>Switzerland</b> Zip Code
Dated:		Inventor's Signature:	
Full Name of in Inventor	Last Name <b>LIPPENS</b>	First Name <b>Paul</b>	Middle Name
Residence & Citizenship	City <b>Eindhoven</b>	State of Foreign Country <b>The Netherlands</b>	Country of Citizenship <b>The Netherlands</b>
Post Office Address	Street <b>Prof. Holstlaan 6</b>	City <b>5656 AA Eindhoven</b>	State of Country <b>The Netherlands</b> Zip Code
Dated:		Inventor's Signature:	
Full Name of in Inventor	Last Name	First Name	Middle Name
Residence & Citizenship	City	State of Foreign Country	Country of Citizenship
Post Office Address	Street	City	State of Country Zip Code
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Post Office Address	Street <b>Grolandstrasse 34</b>	City <b>D-90408 Nürnberg</b>	State of Country <b>Germany</b>
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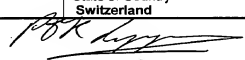
Dated: \_\_\_\_\_ Inventor's Signature: \_\_\_\_\_

Full Name of in Inventor	Last Name <b>BAUER</b>	First Name <b>Harald</b>	Middle Name
Residence & Citizenship	City <b>Nürnberg</b>	State of Foreign Country <b>Germany</b>	Country of Citizenship <b>Germany</b>
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PHD 99.107 US

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Dated:		Inventor's Signature:	
Full Name of in Inventor	Last Name FAWER	First Name Urs	Middle Name
Residence & Citizenship	City Baden	State of Foreign Country Switzerland	Country of Citizenship Switzerland
Post Office Address	Street Bahnhofstrasse 40	City CH-5400 Baden	State of Country Switzerland
Dated: September 15, 2000		Inventor's Signature: 	
Full Name of in Inventor	Last Name LIPPENS	First Name Paul	Middle Name
Residence & Citizenship	City Eindhoven	State of Foreign Country The Netherlands	Country of Citizenship The Netherlands
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State of Country The Netherlands
Dated:		Inventor's Signature:	
Full Name of in Inventor	Last Name	First Name	Middle Name
Residence & Citizenship	City	State of Foreign Country	Country of Citizenship
Post Office Address	Street	City	State of Country
Dated:		Inventor's Signature:	
Full Name of in Inventor	Last Name	First Name	Middle Name
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